## 2002-2003 Presenter Post-Engagement Report

| Presenting Organization Presenter's Congressional District |           |   | Contact Person |            |   |                                   |                |               |                   |  |  |  |
|--|-----------|---|----------------|------------|---|-----------------------------------|----------------|---------------|-------------------|--|--|--|
|  |           |   | Ass            | embly Di   | strict                                    |                                   | State Senate   | District      |                   |  |  |  |
| Address  |           |   |                |            |   | Telephone (                       | )              |               |                   |  |  |  |
| Artist/Company   |           |   |                |            |   | Request ID                        | )#:TR-02-R_    |               |                   |  |  |  |
| Discipline of Artist/Comp                                  | oany      |   |                |            | Number of Artists in Company              |                                   |                |               |                   |  |  |  |
| Predominating Ethnic B                                     | ackgroun  | d of Artist/Compa   | ny             |            |   |                                   |                |               |                   |  |  |  |
|  | ☐ A       | merican Indian/Ala<br>sian/Pacific Island<br>frican-American, r | ler            |            | Latino<br>Euro-America<br>Multi-Racial (c | n, not Latino<br>combination of o | ther categorie | es; no single | ethnicity applies |  |  |  |
| Engagement Dates:  | Begin     |   |                | End        | - <del></del>                             |                                   |                |               |                   |  |  |  |
| Public Performance Hou                                     | ıse Capa  | city:   |                |            |   |                                   |                |               |                   |  |  |  |
| Public Performance(s)  Attendance                          | Date      |   |                | Date       |   |                                   | Date           |               |                   |  |  |  |
| Other Activity(s):  Attendance                             | Date      |   |                | Date       |   |                                   | Date           |               |                   |  |  |  |
| Describe Activit   | у         |   |                |            |   |                                   |                |               |                   |  |  |  |
| Financial Report (Ro<br>Income (prorate whe                |           |   | r) <b>Ca</b> s | :u         | Expenses (p                               | prorate where app                 | oropriate)     | Cash          | RECEIVED          |  |  |  |
| Ticket Sales: Pe   | rformar   | nce   |                | <u>'''</u> | Artist Fee                                | <u> </u>                          |                | OASII         | IN KIND           |  |  |  |
| Ticket Sales: Other Activities                             |           |   |                |            | Artist Lod                                |                                   |                |               |                   |  |  |  |
| Concession Sales   |           |   |                |            |   | nsportation                       |                |               |                   |  |  |  |
| Subcontracted Events Fees Received                         |           |   | П              |            | Printing                                  | '                                 |                |               |                   |  |  |  |
| Individual Donations                                       |           |   |                |            | Media Ad                                  | vertising                         |                |               |                   |  |  |  |
| Corporate/Business Donations                               |           |   |                |            | Mailing                                   |                                   |                |               |                   |  |  |  |
| Foundation Grants  |           |   |                |            | Insurance                                 | )                                 |                |               |                   |  |  |  |
| CAC Fee Support  |           |   |                |            | Space Re                                  | ental                             |                |               |                   |  |  |  |
| NEA Fee Support  |           |   |                |            | Equipmer                                  | nt Rental                         |                |               |                   |  |  |  |
| Other CAC Grant Support                                    |           |   |                |            |   | n Materials                       |                |               |                   |  |  |  |
| Other NEA Grant Support                                    |           |   |                |            |   | Personnel                         |                |               |                   |  |  |  |
| Municipal Agency Support                                   |           |   |                |            |   | d Box Office I                    | Personnel      |               |                   |  |  |  |
| Sponsor Direct   | Suppor    | t Funds   |                |            | Other:                                    |                                   |                |               |                   |  |  |  |
| Other:   | _         |   |                |            |   |                                   |                |               |                   |  |  |  |
| TOTAL INCOME   |           |   |                |            | TOTAL EX                                  | XPENSES                           |                |               |                   |  |  |  |
| (should match or ex  | ceed tota | ai expenses)  |                |            |   |                                   |                |               | 1 1               |  |  |  |

Explain how deficit is covered when expenses are greater than income; i.e., what is source of sponsor direct funds?\_\_\_\_\_\_

## MARKETING

| TICKETS PRICES   |                |         |        | PF      | PROMOTION ACTIVITY   |   |            |        |          |        |       |  |          |                                       |
|--|----------------|---------|--------|---------|--|---|------------|--------|----------|--------|-------|--|----------|---------------------------------------|
| Most Expensive (single ticket price) \$                        |                |         |        | Inc     | Indicate if you used any of the following for this engagement: |   |            |        |          |        |       |  |          |                                       |
| Least Expensive (single ticket price)                          | \$             |         |        |         |  |   |            |        |          |        |       | _                                      |          |                                       |
| Discount Tickets   | \$             |         |        |         | Di   | rect Mail Announ                          | camante    |        | Ye       | es     | N     |  |          |                                       |
| Series (prorated cost for this                                 |                |         |        |         |  | sters                                     | Cements    |        | 0        |        |       |  |          |                                       |
| performance only if purchased as part of a series)             | \$             |         |        |         |  | ess Releases                              |            |        |          |        |       |  |          |                                       |
| Senior   | \$             |         |        |         |  | Public Service Announcements              |            |        |          |        |       |  |          |                                       |
| Student  |                |         |        |         |  | r ara modia mavoriloning                  |            |        |          |        |       |  |          |                                       |
| Student \$   |                |         |        |         |  | Radio/TV Interviews Handbill Distribution |            |        |          |        |       |  |          |                                       |
| AUDIENCE   | AUDIENCE       |         |        |         |  |   |            |        |          |        |       | l                                      |          |                                       |
| Name three to five cities or towns repres                      | ented by       | ticke   | et buv | ers fo  | or this enga   | gement:                                   |            |        |          |        |       |  |          |                                       |
|  |                |         |        |         |  |   |            |        |          |        |       |  |          |                                       |
| Estimate the average distance traveled b                       | -              | •       |        |         |  |   |            |        |          |        |       |  |          |                                       |
| Counties served by this engagement:                            |                |         |        |         |  |   |            |        |          |        |       |  | _        |                                       |
| Express your response to the following fa                      |                |         |        |         | _  |   | 5 0 1414   |        |          |        |       |  |          |                                       |
|  | 1=Po           | or      | 2=     | Fair    | 3=Good   | 4=Excellent                               | 5=Outsta   | naing  |          |        |       |  |          |                                       |
| Attendance at this Engagement                                  | 1              | 2       | 3      | 4       | 5  | Audience React                            | tion 1     | 2      | 3        | 4      | 5     |  |          |                                       |
| Weather Conditions   | 1              | 2       | 3      | 4       | 5  | Auditorium Com                            | nfort 1    | 2      | 3        | 4      | 5     |  |          |                                       |
| ARTIST/COMPANY   |                |         |        |         | Poor   | Fair                                      | God        | d      | Exc      | celle  | nt    | Outstand                               | ing      |                                       |
| Promotional Material Quality and Timelin                       | ess            |         |        |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Cooperation of Artist's Management Pric                        | r to Enga      | agen    | nent   |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Compatibility of Artist Requests with Spo                      | nsor Fac       | cilitie | S      |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Artist's Cooperation/Attitude During Engagement                |                |         |        |         |  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Artist's Technical Crew Cooperation/Attitude During Engagement |                |         |        |         |  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Technical Setup Completed on Time                              |                |         |        |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Performance Started and Ended on Time                          |                |         |        |         |  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Performance Length and Repertoire as Contracted                |                |         |        |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Artist Showmanship and Professionalism                         |                |         |        |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Quality of Performance   |                |         |        |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Appropriateness of Performance Space                           | for this A     | rtist   |        |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      |          |                                       |
| Quality of Other Activities Conducted During this Engagement   |                |         |        |         | 1  | 2   | 3          |        |          | 4      |       | 5                                      | N/A      |                                       |
| Summarize your overall response to th                          | is engag       | ieme    | nt S   | Specify | v anv comi   | nellina nositive o                        | r negative | factor | rs not   | COVE   | red e | lsewhere                               | and exnl | ain an                                |
| circumstances you believe to be of partic                      |                |         |        |         |  | • .                                       | r nogativo | idotoi | 0 1101   | 0010   | 100 0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | and oxpi | , , , , , , , , , , , , , , , , , , , |
|  |                |         |        | ·<br>   |  |   |            |        |          |        |       |  |          |                                       |
| Have you discussed the above evaluation                        | <br>n with the | arti    | st or  | mana    | agement?   |   |            |        | If not v | /OU S  |       |  |          |                                       |
| Does your organization plan to participat                      |                |         |        |         | -  |   |            |        | -        | , ou 3 |       |  | No       |                                       |
| Comments:  |                |         |        |         | •  | •   |            |        |          |        |       |  |          |                                       |
| Typed Name and Title of Person Comple                          | ting this      | Repo    |        |         |  |   |            |        |          |        |       |  |          |                                       |
| 0'   |                |         |        |         |  | _   | .1.        |        |          |        |       |  |          |                                       |
| Signature:   |                |         |        |         |  | Da  | ate:       |        |          |        |       |  |          |                                       |